

**PAYMENT REQUEST REGISTER AND  
CERTIFICATION**

PAYEE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGREEMENT NO. \_\_\_\_\_  
PAYMENT REQUEST NO. \_\_\_\_\_  
PROJECT \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
SITE (s) \_\_\_\_\_

TRACT NO.	NAME OF LANDOWNER	AGREED TO ACREAGE	AGREED TO VALUE	PURCHASE PRICE	ELIGIBLE COST	FEDERAL COST SHARE	
						NRCS %	OTHER %

*I certify that the landrights covered by this payment  
request have been reviewed and all policies and requirements  
of the service have been met and that the amounts indicated  
are correct.*

\_\_\_\_\_  
STATE ADMINISTRATIVE OFFICER

\_\_\_\_\_  
DATE

TOTAL PURCHASE PRICE \_\_\_\_\_

TOTAL FEDERAL COST-SHARE \_\_\_\_\_

TOTAL SPONSORING LOCAL  
ORGANIZATION \_\_\_\_\_